

Social Impact Evaluation of the Personal Care Assistant Service run by the Municipal Institute for People with Disabilities



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Barcelona is a pioneering city at the forefront of driving policies to improve the quality of life of people with disabilities. The City Council is sensitive to their needs and has adopted the goal of promoting personal autonomy and independent living, as set out in the International Convention on the Rights of Persons with Disabilities.

An example of this municipal commitment has been the roll-out of an innovative and pioneering service, the Municipal Personal Care Assistant Service, which offers an alternative to situations of dependency and allows the service user to decide when, how and where they will use the personal care assistant.

Now it has been running for a few years, we felt it would be useful to reflect on the effort involved in implementing this policy and evaluate its social impact.

I hope this study shows the positive value of personal care, the economic value it brings the city and our commitment to continue promoting the autonomy of people with disabilities in Barcelona.

Irma Rognoni

Councillor for Family, Childhood, Time Use and Disabilities, and President of the Municipal Institute for People with Disabilities.

The entry into force of the of the United Nations International Convention on the Rights of Persons with Disabilities has meant a sea change in the way we understand disability. Not only does the Convention force us to change legislation and regulations that contradict it, it also offers a new definition of people with disabilities: rather than being regarded as recipients of social care and protection, they should be seen as people in their own right, full members of the community who take decisions that affect their lives.

The 2012-15 Municipal Action Programme applies this new perspective in promoting "autonomy and independence for people with disabilities" as one of the city's goals and aims to consolidate the Municipal Personal Care Assistant Service. This is an innovative service in the city's portfolio of social services. It emphasises the capacity of people with disabilities to direct and feel free to choose their life projects, and it makes them jointly responsible for the care they receive.

Besides promoting new services adapted to the needs of the people who use them, the Municipal Institute for People with Disabilities also wants to promote excellence. It is therefore offering you a thorough study of the impact this new way of working has had on the people it helps and their family environment. The study evaluates the social and economic benefits of the investment in the Municipal Personal Care Assistant Service, which makes it possible for people with disabilities to live independently. The conclusions confirm this is an ideal way of working that is consistent with the Convention and contributes in a sustainable and profitable way towards building a city for everyone.

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1.

Introduction and purpose of the study

The Personal Care Assistant Service stems from the new perspective on empowering people with disabilities. This seeks to establish their right to equal opportunities in exercising their rights and duties, as well as fostering independent living and their participation and integration in society.

The Service is the response of the Municipal Institute for People with Disabilities (IMD) to the International Convention on the Rights of Persons with Disabilities, approved in 2006. The Convention marked a turning point in recognising and empowering people with disabilities to exercise their rights. It sees disability as a question of human rights and envisages measures, such as non-discrimination and positive action, that governments must introduce to ensure people with disabilities can exercise their rights on equal terms with other people.

The Personal Care Assistant Service dates back to a pilot project set up in 2006, *Per a l'autonomia personal i la vida independent* [For Personal Autonomy and Independent Living] which was designed for people with physical disabilities. This programme offered an alternative for people with disabilities who do not wish to live in residential institutions, nor depend on their families, and for whom a personal care assistant is an option that gives them the desired independence and autonomy.

Five years later, within the framework of this programme, Barcelona City Council's Municipal Personal Care Assistant Service, promoted and run by the Municipal Institute for People with Disabilities, was set up precisely for those people with disabilities who wish and are able to live independently. That project is the subject of this study.

The key element in the project is the role service users have in deciding how it works and how they use it, because it is they who decide when, how and for which activities they use the personal care assistant.

Further progress in increasing the autonomy and independence of people with disabilities was made in 2012 with a project to convert residential homes in Vila Olímpica into independent living projects, that is, flats with personal care assistant services that people can use and live in.

The aim of the Municipal Institute for People with Disabilities (IMD) is to evaluate the social impact of the Personal Care Assistant Service and consolidate it in the portfolio of social services for people with disabilities, so that it becomes an effective right for every citizen.

The study has been carried out using an innovative methodology that has been tried and tested internationally and calculates the social return on investment (SROI). SROI is a method for evaluating social impact, which takes the form of a ratio that compares

the value generated by an initiative with the investment required to achieve this impact. For example, a ratio of 3:1 means that for every euro invested, three euros of social value are created.

This methodology was developed in 1990 in San Francisco, California. It is a useful tool for both financial institutions and service providers, as it helps to understand and communicate the social value created by an initiative or an activity. It can be used for strategic planning because it helps to direct resources towards activities that have a greater social impact.

Briefly, in order to carry out an SROI analysis, we need to know the initial situation and develop indicators to describe how this situation has changed, using monetary values that allow the changes to be quantified wherever possible.

In the current economic and social situation, the key is to develop new and better ways of showing the social and financial impact of programmes.

2.

Description of the Personal Care Assistant Service

2.1.

General description of the Service

The basic idea of the Personal Care Assistant Service is to promote independent living among people with disabilities, so the care assistant provides support that enables them to fulfil their life project. In short, the care assistant makes it possible for people with disabilities who need the help of a third person to do things they would do themselves without their functional limitations, thus giving them greater autonomy and independence.

The key element in the project is **the role service users** have in deciding how it works and how they use it, because they are the ones who decide when, how and for which activities they use the personal care assistant. They also have the power to decide who that assistant will be.

The Personal Care Assistant Service has a number of **specific goals**. These are to:

1. Help users increase their personal autonomy, exercise self-determination and take decisions.
2. Prevent and/or compensate for the loss of personal autonomy by providing support in daily activities and/or maintaining the domestic environment in a habitable condition.
3. Offer support in work, training and cultural activities, as well as in social relationships and participation in association activities.
4. Enable individuals and families to stay in their home and normal environment, avoiding the need to go into a residential institution.
5. Reduce the burden that caring for a person with disabilities imposes on the family.

With these goals, the Personal Care Assistant Service is designed to be a flexible service that is totally adapted to the needs of the user. Consequently the functions of a personal care assistant (PCA) are very diverse and may be carried out in any sphere of personal life. Nevertheless, the tasks are related to personal hygiene, eating, social relationships, the family, education, training, work, community participation and leisure, among others. It is essential to bear in mind that in carrying out all these functions, it is not the assistant who completes the task, rather they provide support so the user can do things for themselves. In the case of an activity the user cannot do because of their disability, the assistant will carry it out, with the consent and instructions from the user on how to do it.

The **IMD's Personal Care Assistant Service** is mainly for people who:

1. Are aged between 16 and 64.
2. Have been assessed as having a second or third-degree dependency (according to Act 39/2006).
3. Have a recognised physical disability or are deaf and blind.ⁱ

ⁱ Although the Service is designed for people with either of these two types of disability, all the current users have a physical disability.

2.2

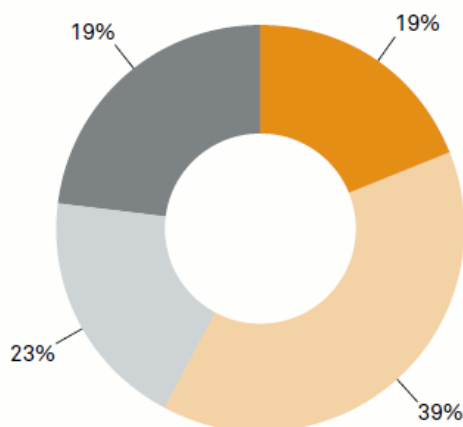
Current situation with the Service

The Service is currently run by the IMD and delivered by 6 providers: three non-profit organisations (the Oficina de Vida Independent - OVI, Independent Living Office, the ECOM Foundation and the Pere Mitjans Foundation) and three companies (Asisted, Barna Asistent and Dependientia).

During the period of the study (September 2011 - September 2012, both months included) the Personal Care Assistant Service was delivered to 31 usersⁱⁱ with a physical disability of between 63% and 100%. Of these, 19 (65% of the total) have third-degree dependency and the other 12 (35%) second degree

As regards their domestic situation, 18 (58%) live in a family environment (with parents, brothers, sisters, partner, family and children) while the rest live independently (sharing a social flat or in an independent flat).

Figure 1. Distribution of those people usuarias según the situation and the coexistence grado dependency.



- * Family environment (grado II) 19%
- * Family environment (grado III) 39%
- * Detached (grado III) 23%
- * Detached (grado II) 19%

Source: IMD (Ayuntamiento de Barcelona)

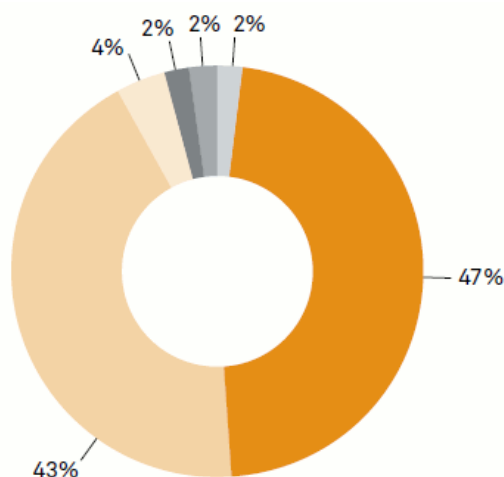
The total number of service hours provided during the study period was 62,273 (75% to users with third-degree dependency and the other 25% to users with second-degree dependency) which represents an average of 154 hours per month per user. However,

ⁱⁱ One user left the Service because they returned to their own country and another died during the period of the study.

the variation in the hours users receive is high, ranging from a maximum of 493 hours a month to a minimum of 9 hours a month.ⁱⁱⁱ

The ECOM Foundation (47%) and the OVI (43%) delivered nearly all the service (90% of service hours). The Pere Mitjans Foundation accounted for 4% of service hours and the rest were evenly distributed among the three companies.

Figure 2. Distribution of the number of hours by company.



- * Federación ECOM 47%
- * OVI 43%
- * Fundación Pere Mitjans 4%
- * Barna Asistent 2%
- * Dependientia 2%
- * Asisted 2%

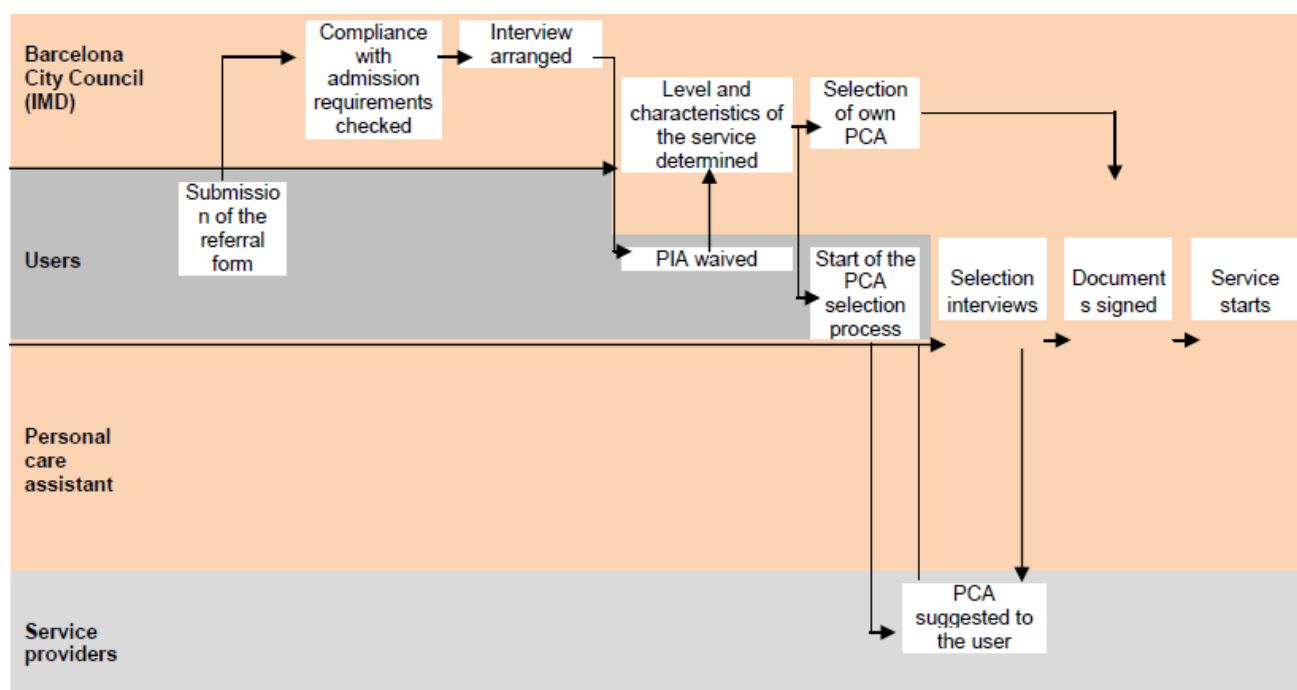
Source: IMD (Ayuntamiento de Barcelona)

ⁱⁱⁱ Calculations are based solely on users that received the service throughout the whole of the period under consideration.

As the following flowchart shows, the process for admitting people to the Service usually begins with a formal request from the future user, acting on their own initiative or with an association or other entity acting on their behalf. They submit a referral form with the main personal details required by the Service (the applicant's name, date of birth, degree of disability, an assessment of their dependency and their contact details). Once the City Council has received the form, they check to see if that person meets the admission requirements. If so, an interview is arranged with them. The IMD and the user then establish the hours required, along with the main activities the personal care assistant will carry out, in a formal document called the Activities Plan. The user then has to sign to say they will forego their right to an Individual Care Plan (PIA) as the Service is incompatible with any help available under the Promotion of Personal Autonomy and Care for Dependent Persons Act (LAPAD).

The user chooses the care assistant they want. They can propose the PCA if they have one or, if not, the companies will suggest some from their pool. In that case, the user and the care assistant hold some selection interviews (an average of three) so the former can decide whether to hire the latter or look for more candidates. Once the user has chosen their PCA, the contracts are signed and service provision begins.

Flowchart of the programme



3.

Methodological basis

The project focuses on analysing the social return on investment (SROI) generated by the IMD's Personal Care Assistant Service in Barcelona.

It does this by applying the SROI method, which makes it possible to specify the social value that is generated by the investment made to carry out a particular action, which in this case is measured in euros.

It is based on traditional cost-benefit analysis and produces a coefficient by comparing the value an initiative generates and the investment needed to carry it out and achieve the impact.

The chart below illustrates the method used for calculating this coefficient.

The calculation process involves understanding, measuring and communicating the social, environmental and economic values created by a specific action and consists of five stages:

Stage 1. Identifying investment (inputs) and results (outputs):

- The different stakeholders involved have been identified and their participation in the service has been worked out. In our Service, for example, the stakeholders are: the IMD itself, the people with disabilities and their family carers, the care assistants and the companies that provide them, and the public authorities.
- For each stakeholder, the resources required/investment made - their contribution to the Service - have been identified and the results obtained have been specified. These are economic contributions, human resources, equipment, etc. Adding up the input of each stakeholder gives the total input, i.e. the investment in the Service over a specific period (measured in euros).
- The outputs have been described, that is the activities and actions carried out by the Service as a result of the input: the number of people with disabilities who have a personal care assistant, the number of PCAs, the number of contractors, the training carried out, etc.

Define the scope and identify the stakeholders	Define the scope and identify the stakeholders	Identify the outputs and evaluate them	Establish the impact	Calculate the SROI
1. Establish the	1. Identify the inputs	1. Identify the	1. Quantify the economic impact	1. Calculate the

scope	(resources/investment)	output indicators	of the inputs, based on the value of the outputs obtained	benefit value
2. Identify the stakeholders	2. Quantify the values of the inputs	2. Compile the information		2. Calculate the net present value
3. Define the interests and needs of the stakeholders	3. Describe the activities and the outputs	3. Establish the time period for the outputs		3. Calculate the SROI
		4. Evaluate the outputs		

The social value of the investment is expressed by a ratio or coefficient that explains the return on each euro invested.

Stage 2. Identifying the outcomes:

- Once the economic value contributed by each stakeholder is established, the outcomes for each one is identified. In other words, the changes achieved by the activities of the Service, with the focus on social and economic changes. In our Service, as the goal is to achieve personal autonomy for people with disabilities, the outcome will be how many of those people increase their personal autonomy with a personal care assistant. Here it is important to note that some of these changes are difficult to measure because of the lack of information or because they require specific studies.

Stage 3. Measuring the outcomes:

- Indicators have been developed for each change or outcome identified in order to describe the impact achieved. The units of change achieved and their duration have been quantified. The financial proxy (approximate financial value) of the indicators identified is listed, so the monetary value of the changes achieved can be quantified.

Stage 4. Measuring the social impact:

- The impacts are the results (outputs) that are directly attributable to the organisation concerned. To establish the real impact, three adjustments have been used to deduct anything that is not the result of the Service from the outcomes:

1. Deadweight. This reflects the changes that would have occurred anyway, regardless of the work done by the Personal Care Assistant Service. In other words, the extent to which the outcomes would have been achieved if it had not existed. For example, some of the companies' workers could have improved their ability to provide personal care through free training, such as occupational training courses.

2. Attribution. This is the share of the results that cannot be directly attributed to the Personal Care Assistant Service or which are shared with other players or interventions. For example, the fact that its users enjoy more independence and a better quality of life does not depend solely on the Service. It could be due to the availability of other services or other situations that help them to develop their daily lives and also contribute towards this outcome).

3. 3. Drop-off. This is the depreciation in the outcomes that results from a variation, modification or change over time. For example, the personal care assistants retain the knowledge they gain from providing the service but they gradually lose it by not updating it or not applying it.

Stage 5. Calculating the SROI:

- A value coefficient, based on the results obtained from dividing the net value of the investment by the net value of the impacts, has been developed by applying a discount rate, defined as the opportunity cost of the capital invested in the Service.
- A discount rate of 3.5% has been used because, even though the Service is provided in Catalonia, this is the ratio used for evaluation projects in the United Kingdom and in most projects in Europe. The main reason is the difficulty of estimating this rate in the current financial situation across the European Union.

4.

Scope of the study and identifying the stakeholders

As mentioned previously, this impact study focuses on the Personal Care Assistant Service, part of the "For Personal Autonomy and Independent Living" project. It therefore excludes other services in the project, such as the conversion of the IMD's residential homes in the Vila Olímpica area into flats for people with a personal care assistant.

The study covers the period from September 2011 to September 2012 (inclusive, making 13 months).

Five stakeholders have been identified with a direct involvement in the Service:

1. Barcelona City Council, specifically, the Municipal Institute for People with Disabilities (IMD).
2. The service providers (OVI, ECOM Foundation, Pere Mitjans Foundation, Dependèntia, Barna Asistent and Asisted) and the personal care assistants hired.
3. The service users.
4. The users' family carers.
5. The Catalan public authorities (as a whole).

The Spanish public authorities (AGE) are also seen as an indirect stakeholder, insofar as the provision of the service brings them revenue from the collection of taxes and rates generated by the activities of the Personal Care Assistant Service and savings on unemployment benefits, as a result of the Service hiring people.

The results of the Service's social and economic impact are broken down according to whether the AGE is included or not.

Table 1 shows the justification for including each of the stakeholders in the study and the way in which they participated. The stakeholders may input resources into the Service and/or benefit from the social outcome.

Table 1. Stakeholders in the Personal Care Assistant Service

Stakeholders	Justification for their inclusion in the study	Participation in this study
Directly involved in the Personal Care Assistant Service		
Barcelona City Council - Municipal Institute for People with Disabilities (IMD)	<p>The Municipal Institute for People with Disabilities (IMD) is in charge of promoting and running the project to increase the personal autonomy and independence of people with disabilities.</p> <p>The IMD handles applications to use the Service and puts the applicants in contact with the service providers. It also handles payment for the service and controls quality.</p>	<p>The City Council promoted the study and channelled the information for it, keeping a constant check on how it was progressing.</p>
Service providers and personal care assistants	<p>The providers are responsible for directly providing the service through their professional staff, the personal care assistants hired specifically to provide it.</p>	<p>The OVI and the ECOM Foundation (who provide more than 90% of the service) took part through personal interviews and over the phone. That way they provided detailed information for the study. The information on the Pere Mitjans Foundation was provided by the IMD itself.</p> <p>The three companies (Dependentia, Barna Asistent and Asisted) were not included in the study because of their small part in the total service provision and the difficulty of obtaining the necessary information.</p>
Individual users	<p>They are the main beneficiaries of the service.</p>	<p>The study provides information on the changes the Personal Care Service brings for users and their care environment, through personal interviews with its users and the results of the satisfaction surveys carried out during the study period (2011-2012).</p>
Family	<p>The service provides families with emotional support and respite from the burden of caring for the people with disabilities who depend on them.</p>	
carers	<p>The Catalan Government's Department of Social Welfare and Family contributes economic resources to the service through a programme contract with the City Council. The Personal Care Assistant Service saves on public expenditure as it cuts down on the consumption of other health and social resources.</p>	
Catalan public authorities	<p>The AGE receives income from social security contributions, as well as income tax from the service providers and their workers. It also saves money by paying out less in unemployment benefits.</p>	<p>It did not take part directly in the study.</p>

5.

Impact map

5.1

Identifying the inputs and outputs

Once the stakeholders have been identified, their individual inputs into the service and the outputs generated are specified and evaluated.

Inputs are the resources that are provided, the contributions to the service. Through their programme contract, Barcelona City Council and the Catalan government (Department of Social Welfare and Family) contributed economic resources to the value of €334,649.42 during the period covered by the study, which breaks down as follows:

- The IMD contributed €331,605.00 in economic resources and €25,857.73 for the human resources required for the overall running of the programme (a co-ordinator, a technical advisor and two people to run the administration side of the Service).^{iv}
- The Department of Social Welfare and Family contributed €477,188.69 in economic resources.

The service providers contribute human resources (the personal care assistants who actually provide the service, plus the staff to coordinate and run it) as well as material resources but these have not been valued as they are included in the amount allocated by Barcelona City Council for hiring them. Given the small weight of the three companies (Asisted, Dependientia and Barna Asistent) in the service hours provided and the number of personal care assistants hired, and also the difficulty in obtaining the necessary information, the specific impacts of these companies were not taken into account.

Users only contribute the time they devote to/receive from the service. As it is a co-pay service, they should contribute economic resources. However, in the period of the study, none of them achieved the minimum score required to trigger co-payment. Consequently the income from co-payment was 0 euros.

The family generally plays a caring role in relation to service users and therefore contributes their time but given the possible wide variation in the number of care hours, this contribution has not been quantified.

^{iv} These people are not employed full time on the service. Their work in the period of the study was valued at 1.2 FTE (full-time employee).

The Catalan authorities contribute economic resources, as has been noted. It can be assumed the Spanish authorities contribute to the Service in some way as well, through the central government's transfers to the regions, but this contribution is not included due to the difficulty in quantifying it.

The following table lists each stakeholder, their input into the Service during the period of the study (economic and time) and the outputs this generated.

NB: Explanatory notes with on the calculations and estimates are given in numerical order in the Appendix.

Stage 1: Identifying

Stakeholders	Inputs		Outputs
	Description	Value (€)	
Barcelona City Council - Municipal Institute for People with Disabilities (IMD)	Economic resources: budget for the service.	€331.605,00	<ul style="list-style-type: none">• Users helped by the Personal Care Assistant Service: 31• Service hours: 62,272<ul style="list-style-type: none">○ 2nd degree: 15,488○ 3rd degree: 46,784• Number of service• Providers: 6• Number of personal care• Assistants: 121
	Human resources: administering and managing the service (expertise, administration and coordination).	€25.857,73	
OVI and PCAs	Human resources (an admin assistant) and materials. (amount included in the Council's expenditure.)	—	
ECOM Foundation and PCAs	Human resources (1.07 FTE for coordination and 0.17 FTE for administration) and materials. (Amount included in the contract with the IMD.)	—	
Pere Mitjans Foundation and PCAs	Human resources and materials. (amount included in the Council's expenditure.)	—	
Users	Time (not quantified).	—	
Family carers	Time (not quantified).	—	
Catalan public authorities	Economic resources: budget for the service.	€477.188,69 ¹	
Spanish public authorities (AGE)	Economic resources: (Amount included in the expenditure of the Catalan authorities.)	—	
Total inputs		€834.649,42	

5.2

Identifying the outcomes

What is innovative about this method of evaluating the impact is the understanding and measurement of the outcomes - the social, economic and environmental changes produced by the service studied. In this case the changes are of a social and economic nature, so the environmental changes produced by the Personal Care Assistant Service are not considered.

The SROI method makes it possible to identify the outcomes for each stakeholder identified, whether they are positive or negative. When it comes to quantifying these changes, some are not considered, either because there is not enough information or because they are intangible.

The local, regional and central **authorities** share the same outcome: in our Welfare System, the authorities have to ensure care for all people in vulnerable situations and so contribute towards improving their quality of life. The Personal Care Assistant Service is an IMD initiative that fits in with the authorities' desire to carry out actions that promote personal autonomy, in this case, that of people with disabilities. More specifically, through this service the IMD is seeking to further its mission and comply with the recommendations of the UN Convention on the Rights of Persons with Disabilities^v. However, this outcome has not been quantified because it is intangible and therefore difficult to express in figures.

Thanks to this Service, the Catalan authorities in general save on expenditure as the use of other health and social services is reduced. Using the Personal Care Assistant Service implies giving up any benefit or allowance available under the Promotion of Personal Autonomy and Care for Dependent Persons Act (LAPAD). That represents a saving (as will be seen later) while the Service helps to improve the user's physical and emotional wellbeing, so reducing their use of other health services, especially primary care and emergencies.

The service directly generates income for the central authorities in the form of social security contributions and income tax payments - from hiring 121 personal care assistants - and by the same token, savings, because they do not have to pay unemployment benefit to these 121 workers.

Of the three service **providers** included in the study, the **Oficina de Vida Independent (OVI)** and the **ECOM Foundation** are the two where the biggest changes can be seen, as they provide nearly all the service (most of the care assistants hired and most of the service hours) and are highly involved.

^v <http://w3.bcn.cat/fitxers/baccessible/convenciodretsdiscapacitatslecturafacil.951.pdf> [Consulted: 2 January 2012].

- OVI was set up in 2006 to lead the pilot project *Per a l'autonomia personal i la vida independent*, which included the Personal Care Assistant Service. It exists to promote the personal autonomy of its members through the Personal Care Assistant Service. It has worked with the authorities and other organisations for a number of years to develop the role of personal care assistant.
- The ECOM Foundation directs its efforts towards defending and caring for people with physical disabilities. Providing this Service has allowed it to develop its philosophy and its care model.

The social changes these organisations identify, and which can be attributed to the project, relate to achieving their main mission, promoting social change and raising the awareness of their own workers, as well as of society in general, of the problems faced by people with disabilities and the importance of promoting their independence and empowerment.

Both have seen an increase in the number of volunteers who work with them for purely altruistic reasons, thanks to the Personal Care Assistant Service.

The professional PCAs have increased the knowledge and skills that are specific to their work because service users train them in everyday matters and they also receive advice from the organisations.

In addition, ECOM's members are associations of people with disabilities and their numbers have increased through the work with the Personal Care Assistant Service, making it more representative.

- The **Pere Mitjans Foundation** provides a service to a much smaller number of users (compared to the OVI and ECOM) so fewer impacts are identified in the study and these are mainly linked to the knowledge and skills acquired by the PCAs in the course of their work. No impacts are identified for the Foundation itself.

The **users** are the people who experience the biggest number of positive changes as they are the main beneficiaries of the Service. The philosophy and features of the Service have meant they have greater autonomy in carrying out basic, essential daily tasks at home, making it easier for them to do things outside the home.

The Service means other positive changes for its users too, linked to the improvement in their physical and emotional wellbeing, more freedom to take decisions and do things (empowerment) better family and social relationships, and the feeling of accomplishment that comes from social and workplace integration. Plus, using the Service improves the economic situation of its users and their families, since they save on hiring a similar, private service.

The Service also produces a positive social change in the **care environment** because it significantly reduces the burden on family carers by providing help for people with

disabilities to carry out their daily activities. This means the carers have more personal leisure time, which increases their emotional wellbeing and gives them peace of mind, as well as increasing their chances of finding work or working more hours.

As regards this stakeholder, the study identifies a negative impact that flows from the difficulty, in some cases, of integrating the personal care assistant into the family's daily life. The number of care hours is high so, for some family members, this means a loss of privacy. However, this impact is not quantified, as these carers identify it as an impact that only lasts a few days and is actually difficult to quantify.

Stage 2. Description of the outcomes

Stakeholders	Non-measurable outcomes	Measurable outcomes
Barcelona City Council - Municipal Institute for People with Disabilities (IMD)	Carrying out their mission and following the recommendations for complying with the United Nations Convention on the Rights of Persons with Disabilities	–
OVI and PCAs	Carrying out its mission.	Increase in the number of volunteers (human resources) for carrying out its mission.
	Promoting social change and putting the problems of people with disabilities on the political agenda	Greater know-how and personal care service delivery skills of the PCAs.
ECOM Foundation and PCAs	Consolidación de su misión y aumento de la reputación de la entidad gracias al Servicio de Asistente Personal	Increase in the number of volunteers (human resources) for carrying out its mission. Promoting social change internally through the figure of the PCA.
	Sensibilización de la sociedad sobre la figura del asistente personal	Increase in the number of members (associations). Greater know-how and personal care service delivery skills of the PCAs
Pere Mitjans Foundation and PCAs	–	Greater know-how and personal care service delivery skills of the PCAs
Service users	–	Improvement in carrying out daily living activities (ADL). Improvement in carrying out home help activities. Enhanced capacity for doing things outside the home (going to the doctor, going shopping, doing official business, etc.). Improvement in users' physical and emotional wellbeing. User empowerment, increased self-reliance, self-determination, freedom, independence and decision-making (Life Plan). Improvement in family relationships. Improvement in social relationships. Contribution to the world of work (paid or unpaid) and a feeling of social and occupational inclusion. Improvement in PCA management skills and ability. Improvement in the financial position of users and their families, by saving on the cost of hiring a private sector service.
Family carers	Difficulty of integrating the PCA into the everyday life of the family / loss of privacy	More opportunities for working as a result of the reduction in the burden on the main family carer (finding work or working more hours). Peace of mind, wellbeing, comfort, rest, being happier, having more free time.

Stakeholders	Non-measurable outcomes	Measurable outcomes
Catalan authorities public	–	<p>Lower expenditure thanks to a reduction in the use of other services / benefits / social services.</p> <p>Lower expenditure on health resources due to the improved health of service users</p>
Spanish authorities (AGE) public	–	<p>Increase in income from social security contributions.</p> <p>Increase in income from income tax.</p> <p>Lower public expenditure as a result of less unemployment benefit being claimed.</p>

5.3

Measuring the outcomes

Three essential activities are carried out during this stage, so the impact of each measured outcome and the global impact of the Service can be quantified:

1. Indicators are devised to measure the outcomes (changes), the units (amount or number) and their duration.
2. A financial proxy (approximate financial value) is established so each outcome can be quantified.
3. Information is gathered so the indicators can be quantified: a quantitative value is given to each indicator and source.

Phase 3. Measuring the outcomes

Stakeholders	Indicator / outcome measurement	Units	Duration	Financial proxy	Value	Source
Barcelona City Council - Municipal Institute for People with Disabilities (IMD)	—					
OVI and PCAs	Total number of hours users work voluntarily for ECOM.	3.486 ²	1	Minimum wage in Catalonia per hour.	€5.06 ³	Idescat
	Number of OVI personal care assistants that improve their skills.	22 ⁴	3 ⁵	Cost of a training course for PCAs / personal care	€136.25 ⁶	Average for various courses on personal care and personal autonomy.
	Total number of hours users work voluntarily for ECOM.	832 ⁷	1	Minimum hourly wage in Catalonia.	€5.06 ³	Idescat.
ECOM Foundation and PCAs	Cost of a Personal Care Assistant Service awareness-raising campaign.	1 ⁸	1	Cost of coordinating and producing a video on the Personal Care Assistant Service.	€2,825.00 ⁹	ECOM Foundation
	Number of associations that have become ECOM members thanks to the Personal Care Assistant Service.	10 ¹⁰	1	Annual average foundation membership fee ECOM.	€116.67 ¹¹	ECOM Foundation
	Number of ECOM personal care assistants that improve their skills.	23 ⁴	3 ⁵	Cost of a training course for PCAs / personal care	€136.25 ⁶	Average for various courses on personal care and personal autonomy.
Pere Mitjans Foundation and PCAs	Number of Pere Mitjans Foundation personal care assistants that improve their skills.	5 ⁴	3 ⁵	Cost of a training course for PCAs / personal care	€136.25 ⁶	Average for various courses on personal care and personal autonomy.
Users	Total number of hours spent on daily living activities (2nd degree).	4.346 ¹²	1	Cost per hour of a personal care assistant on the private market.	€13.46	Average cost of various PCA companies in Barcelona.

	Total number of hours spent on daily activities (3rd degree).	26.296 ¹²	1	Cost per hour of a personal care assistant on the private market.	€13.46	Average cost of various PCA companies in Barcelona.
	Total number of hours spent on home help activities (2nd degree).	4.267 ¹²	1	Cost per hour of a home help / cleaning service.	€10.05	Average cost of various cleaning service companies in Barcelona.
	Total number of hours spent on home help activities (3rd degree).	6.453 ¹²	1	Cost per hour of a home help / cleaning service.	€10.05	Average cost of various cleaning service companies in Barcelona.
	Total number of support hours (2nd degree).	6.875 ¹²	1	Cost per hour of a personal care assistant on the private market.	€13.46	Average cost of various PCA companies in Barcelona.
	Total number of support hours (3rd degree).	14.035 ¹²	1	Cost per hour of a personal care assistant on the private market.	€13.46	Average cost of various PCA companies in Barcelona.
	Number of users who improve their physical and emotional wellbeing thanks to the Personal Care Assistant Service.	31 ¹³	1	Annual club membership fee.	€549.00 ¹⁴	Average annual cost of joining a gym, club, swimming pool, etc.
	Number of users who show an improvement in their emotional state.	20 ¹⁵	1	Annual cost of a professional to draw up and support the user in implementing their Personal Life Plan.	€1,253.32 ¹⁶	Col·legi Oficial de Psicòlegs.
	Number of users who show greater autonomy in carrying out their daily activities.	20 ¹⁵	1	Annual cost of a public transport ticket for people with disabilities.	€204.40 ¹⁷	Transports Metropolitans de Barcelona (TMB).
	Number of families who show an improvement in their family relationships.	24 ¹⁸	1	Annual cost of taking part in family leisure activities.	€5,273 ¹⁹	INE (Family Budget Survey. Base 2006).
	Number of families who show an improvement in their social relationships.	18 ²⁰	1	Annual cost of a weekly visit to the cinema.	€468.00 ²¹	Cinesa cinemas.
	Number of users who do paid work.	1 ²²	1	Annual salary obtained.	€13,000 ²²	ECOM Foundation
	Number of hours worked by users who do voluntary work.	4.318 ²³	1	Minimum hourly wage in Catalonia.	€5.06 ³	Idescat.
	Number of users who improve their personal skills by managing the personal care assistant.	31 ¹³	1	People management training course.	€152.43 ²⁴	Average for various people management courses.

Family carers	Personal Care Assistant Service hours in the period that users would have to pay for privately.	62.273 ²⁵	1	Cost per hour of a personal care assistant on the private market.	€13.46	Average cost of various PCA companies in Barcelona.
	Number of hours that carers who live with the service users are available to work, thanks to the fact that the user receives the service (2nd degree).	8.370 ²⁶	1	Average hourly wage in Catalonia.	€16.62 ²⁷	Idescat.
	Number of hours that carers who live with the service users are available to work, thanks to the fact that the user receives the service (3rd degree).	20.817 ²⁶	1	Average hourly wage in Catalonia.	€16.62 ²⁷	Idescat.
	Number of carers who live with the users that improve their personal wellbeing.	18 ²⁶	1	Annual club membership fee.	€549.00 ¹⁴	Average annual cost of joining a gym, club, swimming pool, etc.
	Number of benefits/allowances the Catalan authorities save by not paying the carer (because the service user is not cared for by the main carer).	6 ²⁸	1	Saving on benefits to non-professional carer (2nd degree).	€4,147.98 ²⁹	Own calculation based on LAPAD data. IMSERSO.
9 ²⁸		1	Saving on benefits to non-professional carer (3rd degree).	€6,094.84 ²⁹		
Catalan public authorities		6 ²⁸	1	Saving on residential resources (2nd degree).	€25,591.09 ²⁹	Own calculation based on IMD data.
		9 ²⁸	1	Saving on residential resources (3rd degree).	€3,402.59 ²⁹	
	Number of service users who do not go into a home.	31 ¹³	1	Saving on the use of primary healthcare services.	€15.01 ³⁰	
	Number of service users who use fewer health services.	31 ¹³	1	Saving on the use of emergencies without hospitalisation.	€8.41 ³⁰	Antares Consulting
Spanish public authorities (AGE)	Income from the OVI employers' contributions.	1	1	Social security contributions by the company	€57,385.13 ³¹	
	Income from the ECOM Foundation employers' contributions.	1	1	Social security contributions by the company	€84,948.73 ³¹	

	Income from the Pere Mitjans Foundation employers' contributions.	1	1	Social security contributions by the company	€5,933.89 ³¹	Antares Consulting
	Income from the OVI workers' contributions.	1	1	Social security contributions by the workers.	€10,907.45 ³¹	OVI.
	Income from the ECOM Foundation workers' contributions.	1	1	Social security contributions by the workers.	€17,123.25 ³¹	ECOM Foundation
	Income from the Pere Mitjans Foundation workers' contributions.	1	1	Social security contributions by the workers.	€1,127.88 ³¹	IMD.
	Income from collecting OVI workers' income tax.	1	1	Workers' income tax deductions.	€5,953.87 ³²	OVI.
	Income from collecting ECOM Foundation workers' income tax.	1	1	Workers' income tax deductions.	€8,865.05 ³²	ECOM Foundation
	Income from collecting Pere Mitjans Foundation workers' income tax.	1	1	Workers' income tax deductions.	€615.66 ³²	IMD.
	OVI workers who stop receiving unemployment benefit.	44 ⁴	1	Average annual unemployment benefit.	€10,366.00 ³³	OVI.
	ECOM Foundation workers who stop receiving unemployment benefit.	45 ⁴	1	Average annual unemployment benefit.	€10,366.00 ³³	ECOM Foundation
	Pere Mitjans Foundation workers who stop receiving unemployment benefit.	9 ⁴	1	Average annual unemployment benefit.	€10,366.00 ³³	IMD.

5.4

Quantifying the social impact

There are two essential activities in this stage:

1. Adjustments are set for deadweight, attribution and drop-off.
2. The social impact of each indicator is calculated: the financial proxy value is multiplied by the outcome (units), less the adjustment factors.

Since the Spanish public authorities (AGE) are regarded as an indirect stakeholder, the social impact generated by the companies, the users and their family carers and the Catalan public authorities has been quantified separately. An accumulated impact has also been calculated together with the impact generated by the AGE.

Stage 4. Quantifying social impact (not including the AGE)

Stakeholders	Indicator / outcome measurement	Deadweight	Attribution	Drop off	Social impact
Barcelona City Council - Municipal Institute for People with Disabilities (IMD)	–	–	–	–	–
OVI and PCAs	Total number of hours during which users do voluntary work for the OVI.	0 %	0 %	0 %	€17,625.50
	Number of OVI personal care assistants who improve their skills.	50%	15%	25 %	€1,273.94
ECOM Foundation and PCAs	Total number of hours users do voluntary work for ECOM.	0 %	0 %	0 %	€4,206.66
	Cost of a Personal Care Assistant Service awareness-raising campaign.	0 %	0 %	0 %	€2,825.00
	Number of new organisations joining the ECOM Foundation during the period.	0 %	50%	0 %	€583.33
	Number of ECOM personal care assistants who improve their skills.	50%	15%	25 %	€1,302.89
Pere Mitjans Foundation and PCAs	Number of Pere Mitjans personal care assistants who improve their skills.	50 %	15 %	25 %	€260.58
Service users	Total number of hours spent on daily living activities (2nd degree).	0 %	15 %	0 %	€49,736.34
	Total number of hours spent on daily living activities (3rd degree).	0 %	15 %	0 %	€300,924.98
	Total number of hours spent on home help activities (2nd degree).	0 %	15 %	0 %	€36,462.17
	Total number of hours spent on home help activities (3rd degree).	0 %	15 %	0 %	€55,140.19
	Total number of support hours (2nd degree).	0 %	15 %	0 %	€78,673.85
	Total number of support hours (3rd degree).	0 %	15 %	0 %	€160,616.40
	Number of users who improve their physical and emotional wellbeing thanks to the Personal Care Assistant Service	0 %	15 %	0 %	€14,466.15
	Number of users who show an improvement in their emotional state.	10 %	15 %	0 %	€19,108.54
	Number of users who demonstrate greater self-reliance in carrying out their daily activities.	10 %	15 %	0 %	€3,116.36
	Number of families who show an improvement in their family relationships.	20 %	15 %	0 %	€87,334.31
	Number of families who show an improvement in their social relationships.	20 %	15 %	0 %	€5,637.11
	Number of users who do paid work.	20 %	15 %	0 %	€8,840.00
	Number of hours worked by users who do voluntary work.	20 %	15 %	0 %	€14,845.87

Stakeholders	Indicator / outcome measurement	Deadweight	Attribution	Drop off	Social impact
	Number of users who improve their personal skills by managing the personal care assistant.	20 %	50 %	25 %	€1,890.13
	Personal Care Assistant Service hours in the period that users would have to pay for privately.	15 %	0 %	0 %	€712,630.24
Family carers	Number of hours that carers who live with the service users are available to work, thanks to the fact that the user receives the service (2nd degree).	23 %	10 %	0 %	€85,237.17
	Number of hours that carers who live with the service users are available to work, thanks to the fact that the user receives the service (3rd degree).	23 %	10 %	0 %	€212,002.19
	Number of carers living with users who improve their personal wellbeing.	0 %	10 %	0 %	€8,893.80
Catalan public authorities	Number of benefits/allowances the Catalan government saves by not paying the carers (because the service user is not cared for by the main carer).	0 %	10 %	0 %	€21,425.19
		0 %	10 %	0 %	€49,845.31
	Number of service users who do not go into a residential care home.	0 %	10 %	0 %	€132,183.56
		0 %	10 %	0 %	€248,640.30
	Number of service users who use fewer health services.	0 %	10 %	0 %	€418.88
		0 %	10 %	0 %	€234.65
	Total (not including the AGE)				€2,336,381.59

Stage 4 Quantifying the social impact

Stakeholders	Indicator / outcome measurement	Deadweight	Attribution	Drop-off	Social impact
Spanish public authorities (AGE)	Income from the OVI employers' contributions.	0 %	0 %	0 %	€57,385.13
	Income from the ECOM Foundation employers' contributions.	0 %	0 %	0 %	€84,948.73
	Income from the Pere Mitjans Foundation employers' contributions.	0 %	0 %	0 %	€5,933.89
	Income from the OVI workers' contributions.	0 %	0 %	0 %	€10,907.45
	Income from the ECOM Foundation workers' contributions.	0 %	0 %	0 %	€17,123.25
	Income from the Pere Mitjans Foundation workers' contributions.	0 %	0 %	0 %	€1,127.88
	Income from collecting OVI workers' income tax.	0 %	0 %	0 %	€5,953.87
	Income from collecting ECOM Foundation workers' income tax.	0 %	0 %	0 %	€8,865.05
	Income from collecting Pere Mitjans Foundation workers' income tax.	0 %	0 %	0 %	€615.66

Stakeholders	Indicator / outcome measurement	Deadweight	Attribution	Drop-off	Social impact
	OVI workers who stop receiving unemployment benefit.	0 %	77 %	0 %	€103,079.50
	ECOM Foundation workers who stop receiving unemployment benefit.	0 %	77 %	0 %	€105,422.22
	Pere Mitjans Foundation workers who stop receiving unemployment benefit.	0 %	77 %	0 %	€21,084.44
	TOTAL (including the AGE)				€2,758,828.67

Various adjustments have been made to the impacts of the service providers, depending on the impact measured. Impacts linked to the voluntary participation of their users in the organisation have not been adjusted as this would not happen if the Service did not exist.

A deadweight adjustment has not been made to the internal promotion of social change because only the provider itself can promote and raise awareness among its personal care assistants. Nor has an attribution adjustment been made, since this promotion relates to the care assistants, a service that is unique to the provider. In the case of the ECOM Foundation, an adjustment has been made to the increase in the number of its members, as not all have joined because of the Personal Care Assistant Service. Finally, a 50% deadweight adjustment has been made in relation to the skills and knowledge acquired by the PCAs, as they could work for and acquire them from other organisations, while a 15% attribution adjustment has been made to allow for the fact that they might have some skills before they start providing this service. A drop-off adjustment, which takes into account the depreciation in outcomes as a result of variation, modification or change over time, has been made to the indicator for training-related change. This is because the knowledge acquired through training is gradually lost as time passes, either because it is not updated or it is not applied. An annual drop-off of 25% has been assumed.

In the case of the **users**, an attribution adjustment has been made to the direct impacts (everyday activities, home help activities and support activities) as users do not only improve their quality of life thanks to the Personal Care Assistant Service. They may have previously used a private service and received advice on looking after themselves, which means they are not starting from scratch. They could also have a carer or other solutions to help them with everyday tasks. No deadweight adjustment has been made as there is no other Personal Care Assistant Service in Barcelona available to them at the same quality and price. However, user empowerment, the improvement in their family and social relationships and their increased social and workplace inclusion have been adjusted by a deadweight of between 10% and 20%. Even though there is no equivalent resource or service, these improvements can be achieved through other activities. A low deadweight has also been applied to the financial means of service users. Their savings could come from other sources but the Service is essential to them. Attribution is discarded because the overall saving impact is due to the fact that the Service is publicly funded.

In terms of **family carers**, the increased work opportunities indicator has been adjusted by a deadweight of 22.6%, which is the unemployment rate in Catalonia. In other words, 22.6% of the people who are currently carers would not find work. The indicator showing the increase in their wellbeing as a result of having more personal leisure time has not been adjusted for deadweight, since all the hours of leisure time they have are solely attributable to the Personal Assistant Care Service for caring for the user in their family. However, the two indicators have been slightly adjusted for attribution. While most of the change is thanks to the Service, there is a part that

depends on other factors, such as the family carer's ability to combine work and leisure with caring for the Service user.

Finally, there is no deadweight adjustment in the case of the **regional and central authorities** as the saving on benefits and services, as well as the increase in tax income, is entirely due to the personal care assistants being hired by the various organisations. There is an attribution adjustment, however, because the system could be more efficient as regards costs and cutting spending, and also because the workers could be unemployed and there is only a saving when they are working. So, the employment benefit saving has been adjusted by the unemployment rate in Catalonia during the period of the analysis. In other words, only 23% of the personal care assistants currently working for the Service would be unemployed.

5.5

SROI calculation

Once the impacts generated by the Personal Care Assistant Service between September 2011 and September 2012 were quantified and adjusted, the SROI could be calculated. This involved two steps:

1. Calculating the current net value of all the impacts quantified. Given there are outcomes or changes that last longer than the analysis period (the know-how and skills acquired by assistants to provide personal care, for example, is estimated to last three years) it is necessary to update the value of impacts that continue, even though the period has finished. In such cases a formula is applied by which the current value is calculated taking two main variables into account:

- The drop-off or depreciation of the change over time. In the case mentioned, this has been estimated at 25%.
- The discount rate, defined as the opportunity cost of the capital invested in the Service. As explained in Section 3 of this document (p. 15) the reference rate in this analysis is 3.5%.

Calculating the SROI ratio. This is done by dividing the current value and the total investment.

During the study period (September 2011 to September 2012, both months included) Barcelona City Council's Personal Care Assistant Service required an investment of €834,649. Bearing in mind the number of beneficiaries is 31, this gives an investment per person of €26,924.17

The social and economic changes identified for each stakeholder in the Service have been estimated at €2,336,381.59, or €2,758,828.67 if we take into account the impacts the Service generates for the Spanish public authorities (AGE).

Taking into account the changes that continue after the study period and the number of beneficiaries, the combined impact for each one increases to €73,002.64 or €86,169.14 (including the AGE).

Therefore the Personal Care Assistant Service has produced a social return on investment of €2.71 or €3.20 (including AGE) for each euro invested.

Stage 5. Calculating the SROI (discount rate = 3,5%)

	SROI (not including the AGE)	Accumulated SROI (including the AGE)

	SROI (not including the AGE)	Accumulated SROI (including the AGE)
Total investment in the period	€834,649.42	
Investment per beneficiary	€26,924.17	
Social impact	€2,336,381.59	€2,758,828.67
Current value	€2,263,081.91	€2,671,243.34
Impact per beneficiary	€73,002.64	€86,169.14
Net current value (Current value – Inputs)	€1,428,432.48	€1,836,593.91
SROI	€2.71	€3.20

6.

Conclusions

The SROI analysis of the IMD's Personal Care Assistant Service is a useful and complementary tool for evaluating the Service, which started out as a pilot study in 2006 and has since evolved into the one studied.

The people with disabilities who are its beneficiaries typically have a high degree of autonomy in making decisions about their life and they want to live at home, in their normal environment. A personal care assistant enables them to carry out activities they would do themselves without their functional limitations.

By its very nature the Service implies a considerable improvement in the quality of life of the people who use it, with regard to carrying out their basic and instrumental daily activities, their physical and emotional wellbeing, their family and social relationships and their sense of personal achievement, among other positive changes. They all applied to use the IMD's Personal Care Service voluntarily, at the same time renouncing other benefits they were eligible for, such as those available under the Promotion of Personal Autonomy and Care for Dependent Persons Act (LAPAD).

The SROI methodology makes it possible to identify the significant impacts generated by each of the Service's stakeholders by quantifying them and giving them monetary value. Adding them all up gives an approximate economic value for all the impacts generated by the Service. This is a process for understanding and analysing how these changes are generated, and identifying the impacts on those players not directly involved in providing the Service, such as public authorities (with the exception of the City Council and the Department of Social Welfare and the Family). It also enables the impact on those directly involved to be identified, namely the service providers and the personal care assistants, who are key figures.

While project assessment is heavily focused on the outcomes for the main beneficiaries, evaluating and calculating the social return on investment looks beyond those outcomes, identifying and quantifying the social outcomes that are generated.

The evaluation carried out between September 2011 and September 2012 (inclusive) showed the SROI coefficient for the IMD's Personal Care Service in Barcelona to lie between 2.71 and 3.20. In other words, every euro invested in the Service generates a social impact of between 2.71 and 3.2 euros. Taking the high interval (3.20) as a reference, we can confirm that during the period of the study, the Service generated a total impact with a current value of €2,671,243.34 and a current net value of €1,836,593.91 (not counting the investment).

Besides calculating the SROI coefficient for the Service, the study has identified the proportion each stakeholder contributes to this coefficient. Or to put it another way, the impact attributable to each one. This is the result:

Stakeholders	Total impact (current value)	Impact distribution
OVI and PCAs	€19,798.57	0,74 %
ECOM Foundation and PCAs	€10,189.52	0,38 %
Pere Mitjans Foundation and PCAs	€566.41	0,02 %
Users	€1,499,309.00	56,13 %
Family carers	€295,780.83	11,07 %
Catalan public authorities	€437,437.58	16,38 %
Spanish public authorities (AGE)	€408,161.43	15,28 %
Total	€2,671,243.34	100,0 %

Given the nature of the Service, over half the total impact generated (56.13%) is on the **users**, the stakeholder that benefits the most in as much as they directly receive the service and it has a direct impact on their quality of life. It also has an indirect impact that is not the main purpose of the Service, for example, the saving they make by having access to a service they would have to pay for if they received it from the private sector. The total impact the 31 beneficiaries receive has been quantified at nearly €1.5 million.

The users' family carers receive another 11.07% of the social impact. As their family member is a beneficiary of the Service, they have more chance of getting a job and more free time for their leisure activities and personal wellbeing. The total impacts on family carers are valued at €295,780.83.

The three **service providers** included in the analysis account for 1.14% of the impact, mainly the result of their professionals (personal care assistants) providing the service, which results in better training and, in turn, improves the quality of their intervention. Another important impact for these organisations is the fact that some of the Service beneficiaries work for them on a voluntary basis. The impacts quantified for the three organisations amounts to €30,554.45.

Moreover, some impacts have been identified that are not quantified in this analysis but should be highlighted, such as fulfilling their mission, especially in the case of the OVI, which was specifically set up to promote and monitor this Service. Others include promoting social change, putting the problems of people with disabilities on the political agenda, and raising awareness across society in general and the disability sector in particular, as a result of providing and publicising the Service.

The **public authorities**, which include the Catalan regional authorities and the Spanish central authorities, receive nearly a third of the total Service impact (31.66%). **The Catalan authorities** get 16.38% in social value, generated by saving on the use of resources - residential, for example - and social welfare benefits, such as the allowance for a non-professional carer. Both of these are included in the Promotion of Personal Autonomy and Care for Dependent Persons Act (LAPAD). They also save on the use of health resources, as the people who benefit from this Service make less use of the primary care and emergency health services.

The total saving the Service generates for the Department of Social Welfare and Family, and the Department of Health is valued at €437,437.58.

It is important to point out here that as IMD itself requested the study be carried out, the impacts the Service has generated at the IMD/Barcelona City Council have not been taken into account (this is a requirement of the SROI method).

The mission of the public authorities is to ensure access to the social welfare and care system for people with social problems.

The fact that the beneficiaries of the Personal Care Assistant Service show an improvement in their quality of life adds value to the function of the authorities through the results achieved. Indirectly, the impacts generated on the users are also impacts for the authorities themselves.

The economic benefits for the **Spanish central authorities** are significant: 15.28% of the SROI calculated, as direct income from the social security contributions and income tax paid by the 121 personal care assistants hired, and indirect savings on unemployment benefit generated by the employment of these people. The total impact is calculated to be €408,161.43.

In economic terms it is important to highlight the saving that the Personal Care Assistant Service represents with regard to a residential care home, the service considered to be "more appropriate" for this kind of person because it is the one that does the most to relieve family carers of the care burden, an important issue in these cases.

As mentioned above, the Personal Care Assistant did not generate any co-payment in the period of the study. The cost for 2nd degree users is €16,763 (€1,289.46 per month) while for 3rd degree users it is €31,980 (€2,460.00 per month) as they account for 75% of the service hours due to their care needs.

The residential service included in the portfolio of services offered by the Catalan Care and Social Services Institute (ICASS) is a co-pay service. According to an analysis carried out with the current users of the Personal Care Assistant Service, co-payment would represent approximately 25.89% of the cost for a 2nd degree user and 30.72% for a 3rd degree user. In other words, the average for a person with 2nd degree

dependency is €25,591 (1,968.53 per month) almost €9,000 more than the cost of the Personal Care Assistant Service, while for someone with 3rd degree dependency it is €30,402 (2,338.61 per month).

It is important to point out, however, that the intensity of this Service is greater than that of the residential service. In the period studied, each beneficiary received on average 2,009 hours of care (154 hours per month) but this varied considerably, depending on their degree of dependency: from 1,500 hours (50 hours per month) for a person with 2nd degree, level 1, to more than 8,000 hours (266.66 hours per month) for 3rd degree, level 2.

Table 2. Comparative cost for the public authorities (cost per month and for 13 months)

Service/provision	Cost/2nd degree user	Cost/3rd degree user
Personal care assistant (without co-payment month)	€16.763 (€1,289.46 per month)	€31.980 (€2.460,00 per month)
Residential care home (with co-payment by the user month)	€25.591 (€1.968,53 per month)	€30.402 (€2.338,61 per month)
Residential care home (without co-payment by the user month)	€40.289 (€3.099,15 per month)	€48.362 (€3.720,15 per month)

The differences in the cost of the services are very much higher if the cost of residential care is compared without taking co-payment by the users into account. In other words if the authorities take responsibility for the total cost of the place in a residential care home (to equate it with the Personal Care Assistant Service, which did not generate co-payment in the period studied). In the case of people with 3rd degree dependency, the cost of the residential service per person is approximately 51% higher than that of the Personal Care Assistant Service (after adding the co-payment percentage specifically worked out for Service users to the cost of a place in a home).

In conclusion, therefore, the social return of the IMD's Personal Care Assistant Service, in social and economic terms, is much greater than the original investment.

These results provide an opportunity to communicate internally and to society at large the social value generated by this service to promote the personal autonomy of people with disabilities.

7.

Appendix

7.1.

Notes on the values, calculations and estimates

¹ Investment in the Service is split between the IMD and the public authorities as follows:

Funding the Personal Care Assistant Service

Stakeholder	Amount	Percentage
IMD	€331,605	41 %
Catalan public authorities	€477,188	59 %
Total	€808,793	100 %

² All the OVI users play an active part in the organisation. The OVI has calculated the average time users devote to be 2 hours a day. Taking the actual working days in the period as 249 gives a total voluntary participation of 3,486 hours.

³ The minimum hourly wage in Catalonia is based on Idescat's figures of €8,979.60 for the interprofessional minimum salary (SMI) in Catalonia in 2012 (<http://www20.gencat.cat/portal/site/empresaocupacio/menuitem.32a-ac87fcae8e050a6740d63b0c0e1a0/?vgnextoid=85767e345c952210VgnVCM1000008d0c1e0aRCRD&vgnnextchannel=85767e345c952210VgnVCM1000008d0c1e0aRCRD&vg-nextfmt=default>) and 1,776 for the annual number of working hours, giving an interprofessional minimum hourly wage of €5.06.

⁴ As the working hours of some personal care assistants are low (for example, some only covered for someone who was off sick) it cannot be assumed that the acquisition of personal care provision skills and know-how is the same for all. Therefore, the full impact has only been applied to half the PCAs.

The total number of personal care assistants for each service provider is as follows:

Number of personal care assistants per service provider

Organisation	Number of PCAs
OVI	44
ECOM Foundation	45
Pere Mitjans Foundation	9

⁵ The duration of the change is assumed to be three years, as what assistants learn in training has a medium-term effect on their personal care competence, leading to an improvement in the care users receive.

⁶ The financial proxy value is an average for courses on personal care.

⁷ This value has been calculated by assuming the number of hours worked by users is the same every month of the year. The actual time users worked for the organisation during a month was 64 hours (figure provide by the ECOM Foundation). Given the study period covers 13 months, the time users devote voluntarily to the organisation is 832 hours.

Training course	Price	Source
Course on personal autonomy personal care assistants	€250.00	UNED
Training course for a personal care assistant	€75.00	Innova asistencial
Home care	€130.00	emagister
Bad habits acquired work: postural hygiene	€90.00	Fundació Pere Tarrés

⁸ It is assumed the impact is equivalent to conducting an annual campaign.

⁹ This value is obtained by working out an average from the two campaigns conducted by the ECOM Foundation (one costing €3,800 and the other €1,850).

¹⁰ Number of associations that joined the ECOM Foundation in the study period. The total number rose from 176 to 186.

¹¹ An average of the various fees for becoming a member of the ECOM Foundation, which depend on the size of the organisation:

- Grassroot organisations with no staff on contracts or a maximum of one member of staff on a half-day contract: € 50.
- Organisations with staff on contracts, from one full-time worker to 10 full-time equivalents: € 100.
- Organisations with staff on contracts and more than 10 full-time equivalents: € 200.

¹² This proxy value iis obtained by dividing the total number of hours received by users among the three main types of activities (daily, home help and support) according to the degree of dependency. The distribution of time spent on these three kinds of activities has been extracted from real data provided by ECOM Foundation users, and it has been assumed to be the same for other service providers.

Since the number of service hours is **15,488 for 2nd degree dependency and 46,786 for 3rd degree**, the distribution for each type of activity is as shown in the table on the right.

¹³ Total number of service users during the period.

Distribution of hours per activity according to the degree of dependency

Type of activity:	% of time spent	Total hours
2nd degree		15,488
Help with daily life	28%	4,346
Home help	28%	4,267
Support	44%	6,875
3rd degree		46,784
Help with daily life	56%	26,296
Home help	14%	6,453
Support	30%	14,035

¹⁴ The proxy value is an average of various club and centre fees.

¹⁵ In the satisfaction surveys carried out during the study period, 64% of the 31 users said the Service increases their decision-making capacity, so this impact affects 20 users.

Club	Annual fee
Club Natació Barcelona	€1,022.64
Club Barceloneta	€399.48
Gimnasio DIR	€540.00
Municipal swimming pool	€233.88
	€549.00

¹⁶ The cost of a professional to accompany a user in implementing their Life Plan is based on the rate set by the Col·legi de Psicòlegs of €48.20 for an individual session with a psychologist, and assuming two sessions a month during the 13 months of the study period, which gives a total annual cost of €1,253.32.

¹⁷ The amount spent on a monthly travel card in the 13 months of the study period. The cost of a targeta rosa (pink card used by people with disabilities) is €3.65.

¹⁸ In the satisfaction surveys carried out during the study period, 79% of the 31 users said the Service improves their family relationships, so this impact affects 24 families.

¹⁹ INE's Family Budget Survey, *Encuesta de Presupuestos Familiares. Base 2006*, gives information on annual leisure expenditure per person, which it puts at €1,872.07. Taking the average size of households in Catalonia as 2.6 people per household (<http://www.idescat.cat/territ/BasicTerr?TC=5&V0=3&V1=3&V3=3304&V4=2621&ALLI NFO-=TRUE&PARENT=1&CTX=B>) and the study period of 13 months, the cost of family leisure activities in the period works out at €5,273.00.

²⁰ In the satisfaction surveys carried out during the study period, 57% of the 31 users said the Service improves their social relationships, so this impact affects 18 users.

²¹ Value of a ticket costing €9 and assuming one ticket a week for the 13 months of the study period.

²² One ECOM Foundation user does paid work, receiving a gross monthly salary of €1,000 (information provided by the ECOM Foundation).

²³ Value obtained from the number of voluntary hours at the OVI (see note 2) and the ECOM Foundation (see note 7).

²⁴ Average cost of a people management and development course (<http://www.uoc.edu/portal/ca/business-school/formacio-pimes/oferta-formativa/gestio-persones/gestio-desenvolupament/index.html>).

²⁵ Total number of Service hours during the study period.

²⁶ Values based on the domestic situation of the users (whether they live alone or with a family member) according to the degree of dependency:

Distribution of hours per domestic situation according to the degree of dependency

Domestic situation	Users	Times
In a family environment	188	29,186
2nd degree	6	8,370
3rd degree	12	20,817
Alone	13	33,086
2nd degree	6	7,119
3rd degree	7	25,968
Total	31	62,273

²⁷ The average hourly wage in Catalonia is based on an average annual gross salary of €25,965, in turn based on the average annual gross salary of €24,449 in Catalonia in 2010 (the last figure published by Idescat, <http://www.idescat.cat/economia/inec?tc=3&id=5811>) and updated by the 6.2% CPI for

2010-12). The number of annual working hours in Catalonia is 1,776, resulting in an average hourly wage of €14.62.

²⁸ Values based on the assumption that Personal Care Service users would take advantage of the carer's allowance, the residential resource and a private personal care assistant. The IMD has classified the users in terms of these resources / benefits / services itself and this classification is shown in the table "Distribution of users across other resources / benefits / social services by degree of dependency".

²⁹ The estimated saving in the use of the other resources / benefits / social services implied by the Personal Care Assistant Service is based on the assumption that the PCA user would opt for a carer's allowance or a residential resource (see note 28). The cost of these resources / benefits / services is shown in the table "Public authority saving on the use of other resources / benefits / social services".

The cost of a place in a residential care home has been calculated internally by the IMD.

Distribution of users across other resources / benefits / social services by degree of dependency

Resource	User	
	2nd degree	3rd degree
Carer's allowance	6	9
Residential (a home)	6	9
Private care assistant	1	-
Total	12	19

Public authority saving on the use of other resources / benefits / social services

Resource	Cost	
	2nd degree	3rd degree
Carer's allowance		
Monthly allowance	€319.08	€468.84
Total allowance during the period	€4,147.98	€6,094.86
Residential (care home)		
Monthly cost of a place	€1,968.55	€2,338.66
Cost of a place for the period	€25,591.09	€30,402.59

³⁰ The estimated saving on the use of health services implied by use of the Personal Care Assistant Service is based on the assumption that its users reduce their Primary Care Centre appointments and visits to hospital emergencies by 20%. The following table shows the values used to calculate the saving.

	Unit cost	Patient frequency (16-64 years old) during the period (13 months)	Unit cost (during the period, 13 months)	Unit cost during the period (hypothetical reduction of 20%)
Cost of primary care medical consultation	€14.78	5.08	75.07 €	€15.01
Emergencies without hospitalisation	€80.00	0.53	42.05 €	€8.41

³¹ Figure achieved by multiplying the gross salary of each worker by the percentage of the employers' / workers' social security contributions during the study period.

EGES		Contribution percentages	
		Employers	Workers
Common contingencies		23.60 %	4.70 %
Unemployment	Permanent	5.50 %	1.55 %
	Temporary FT	6.70 %	1.60 %
	Temporary PT	7.70 %	1.60 %
	Average	6.63%	1.58 %
FOGASA		0.25 %	-
Occupational training		0.60 %	0.10 %
Workplace accidents (between 1% and 7.5%)		2.50 %	-
Total		33.58 %	6.38 %

³² Multiplication of the total health cost by the tax deduction applied by each company:

	Total wage bill	Income tax deductions
OVI	€210,700.60	€5,495.88
ECOM Foundation	€254,423.53	€8,865.05
Pere Mitjans Foundation	€23,603.05	€615.66

³³ Value based on the average gross annual amount awarded to unemployment benefit claimants of €28.40 (www.empleo.gob.es/estadisticas/bel/PRD/index.htm), assuming their right to claim the benefit for a year.